

**Opening Statement of the Honorable Fred Upton  
Subcommittee on Health  
Hearing on “Making Medicaid Work for the Most Vulnerable”  
July 8, 2013**

*(As Prepared for Delivery)*

In our ongoing effort to protect the nation’s most vulnerable, today’s hearing is the third in a series on the current challenges facing the Medicaid program across the country.

As we have learned thus far, the Medicaid program is extremely complex, and its operating structure and financing framework are often topics for reform. Many have said that if you see one Medicaid program, you still only know one Medicaid program - as every state is quite different in how it provides services to its neediest populations. Before we move forward, we must understand not only who Medicaid is currently serving, but also better appreciate how well Medicaid is doing in accomplishing its goals.

Unfortunately, Medicaid enrollees today face extensive difficulties finding a quality physician. On average, 30 percent of the nation’s doctors won’t see Medicaid patients, and studies have shown that Medicaid enrollees are twice as likely to spend their days or nights in an emergency room than their uninsured and insured counterparts.

If the president’s health care law is fully implemented, these problems will only get worse. While Medicaid covered approximately four million people in its first year, there were more than 72 million individuals enrolled in the program at some point in Fiscal Year 2012 – nearly 1 in 4 Americans. The president’s health care law could add another 26 million to the program, further draining the quality of care for our nation’s most vulnerable.

Instead of allowing state and local officials the flexibility to best administer Medicaid to fit the needs of their own populations and improve the quality of care, the federal government has created an extensive, “one-size fits-all” maze of federal mandates and administrative requirements. The program needs true reform, and we can no longer tinker around the edges with policies that add on to the bureaucratic layers and continue the failure to provide access to quality care.

In May, Senator Hatch and I introduced Making Medicaid Work – a blueprint and menu of options for Medicaid reform that incorporated months of input from state partners and policy experts from a wide range of ideological positions. My hope is that this afternoon’s hearing is the next step in discussing the need for reform so that we can come together in finalizing policies that improve care and uphold our commitment to our neediest citizens.

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